2020 "Toys for Tots" Unregistered Site Self Declaration Form (Check one) I am a Parent 🗇 I am a *Grandparent □

*Grandchildren must live in Centre County and NOT living with you. If you are BOTH a parent and grandparent, please complete separate forms.

Print Head of Household N	ame		_Date	
Print Name of Household P	Person Picking Up			
Telephone Number	ID Type & #			
Print Address				
Number of family members	s living in my household Children		ren	
Child's Nam	e (first and last)	Age	Male / Female	
Please review the <u>Household Size</u> and <u>Annual Income</u> chart below. <u>CIRCLE</u> the number of household members in your family (Children and Adults) and CIRCLE ONE of the total household incomes. If your annual household income is the <u>SAME</u> or <u>LESS</u> than the amount shown, you qualify. If you are over income we regret that you may not qualify (*unless there are extenuating circumstances; and/or you have written verification of need from a social service agency). Address exception with volunteer worker.				
Total Household Annual Gross Income (Based on 150% of Poverty July 1, 2020 to June 30, 2021)				
HOUSEHOLD SIZE	ANNUAL	MONTHLY	WEEKLY	

HOUSEHOLD SIZE	LATHIAIA	MONTHLY	WEEKLY
HOUSEHOLD SIZE	ANNUAL	MONTHLY	WEEKLY
1	\$19,140	\$1,595	\$368
2	\$25,860	\$2,155	\$497
3	\$32,580	\$2,715	\$627
4	\$39,300	\$3,275	\$756
5	\$46,020	\$3,835	\$885
6	\$52,740	\$4,395	\$1,014
7	\$59,460	\$4,955	\$1,143
8	\$66,180	\$5,515	\$1,273
ADDITIONAL MEMBER	\$6,720	\$560	\$129

Self-Declaration	
makes me eligible for participation in the p	limitations. I hereby certify that my household size and income program. y household, have not received TOYS through my Local Food
Signature	Date
Print Name	